## FINANCIAL STATUS REPORT

(Long Form)



(Follow instructions on the back)

The state of the s		entifying Number Assigned n 102 - election reform payments		OMB Approval Page of No. 1 1 1 pages	
	nization (Name and complete a of the Secretary of State	ddress, including ZIP code) e, 1700 W Washington, 7	th Floor, Phoenix, A	rizona, 85007	
4. Employer Identification Number 5. Recipient Account Number			er or Identifying Number	6. Final Report ☑ Yes ☐ No	7. Basis     Cash   Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)  4/28/2003  To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) 4/28/2003		To: (Month, Day, Year) 12/31/2003	
10. Transactions:			Previously Reported	I This Period	III Cumulative
a. Total outlays				1,564,188.00	1,564,188.00
b. Refunds, rebates, etc.					0.00
c. Program income used in accordance with the deduction alternative					0.00
d. Net outlays (Line a, less the sum of lines b and c)			0.00	1,564,188.00	1,564,188.00
Recipient's share	of net outlays, consisting of				
e. Third party	(in-kind) contributions ral awards authorized to be use				0.00
					0.00
sharing alter		<del>-</del>			0.00
h. Ali other rec	ipient outlays not shown on line:	se, forg			0.00
i. Total recipie	nt share of net outlays (Sum of	lines e, f, g and h)	0.00	0.00	0.00
j. Federal sha	re of net outlays (line d less line	e i)	0.00	1,564,188.00	1,564,188.00
k. Total unliqui	idated obligations				•
i. Recipient's	share of unliquidated obligation:	S			
m. Federal sha	are of unliquidated obligations	<del></del>			
n. Total Federal share (sum of lines j and m)			purity of the state of the stat		1,564,188.00
o. Total Federal funds authorized for this funding period				Section of the sectio	1,564,188.00
p. Unobligated balance of Federal funds (Line o minus line n)					0.00
Program Income,	consisting of	e bitti asaasa saasa saasa <u>ay</u> y			
	rogram income shown on lines	c and/or g above		and the second s	
r. Disbursed p	rogram income using the additi	on alternative			
s, Undisbursed	program income	MAC		The second secon	
t. Total program income realized (Sum of lines q, r and s)					0.00
11, Indirect	<ul> <li>Type of Rate (Place "X" in Provisio</li> </ul>		termined	☐ Final	■ Fixed
Expense	b. Rate	c. Base	d. Total Amount		ederal Share
governing lega This is an ame changed from 13. Certification:	istation. Inded report for 39.011 I- No to Yes. Original report I certify to the best of my kno Unliquidated obligations are t	necessary or information requit IAVA section 102. Origin IAVA \$800,000.00 of Re owledge and belief that this re for the purposes set forth in the	al report submitted cipient Outlays report is correct and com-	1/20/2004. Item 6, Forted in error (\$800, aplete and that all outla	Final Report has been 000.00 is for Sec 251.) ys and
. , prom or a seriou Hu				Telephone (Area code, n	amuci aliu exidision)
Signature of Ruthoris	zed Certifying Official	3575775 <b>25</b> 0		Date Report Submitted February 24, 2005	